

MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation
Benefits Section
P.O. Box 259, Augusta, Maine 04332-0259

Telephone: (207) 287-3805 TTY (Hearing Impaired): 1-800-794-1110 Fax: (207) 287-8351

NOTICE OF ATTEMPTED RECALL OR JOB REFUSAL

Individual's Name, Address, and Social Security No.

The following report is made in
accordance with requirements set forth
in Rule 2.7(F).

Check one block and enter specific information below:

☐ **The individual named above has been offered employment by this firm and the offer was refused.**

☐ **We have been unable to contact the above named former employee at last known or given address for purpose of recall to employment.**

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1. Date offer or attempted recall was made_____
 2. Job title of employment_____
 3. Location of the job_____
 4. Expected duration of work_____
 5. Rate of pay for work_____
 6. Offer for work was for full or part time? ☐ Full time ☐ Part time
 7. Reasons for refusal were_____

 8. Method of offer, i.e., letter, phone, etc._____
 9. Comments_____

| | | |
|-----------------|-------|-----------|
| Employer's Name | | Phone No. |
| By | Title | Date |